

RECEIVED  
07-15-21

Rev 2/11 <b>ST/CO USE ONLY</b> DATE RECEIVED  MM DD YY ____	DATE THE WELL WAS COMPLETED MM DD YY <u>7 12 21</u>  PERMIT NO. DW- <u>14-21-032</u>	West Virginia Department of Health and Human Resources BUREAU FOR PUBLIC HEALTH <b>WATER WELL COMPLETION REPORT</b>	FORM SW-258 THIS REPORT MUST BE SUBMITTED WITHIN 30 DAYS AFTER WELL IS COMPLETED  FILL IN THIS FORM COMPLETELY PLEASE PRINT OR TYPE
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<b>LOCATION OF WELL</b> Well Owner: Last Name <u>Cote</u> First Name <u>MARCEL</u>		
Street/Road <u>GRACES CABIN</u>	County <u>HAMPSHIRE</u>	Zip Code _____

Latitude: _____ Deg _____ Min _____ Sec Longitude: _____ Deg _____ Min _____ Sec Acquired By: <input type="checkbox"/> GPS <input type="checkbox"/> Topo <input type="checkbox"/> Other _____	<b>AREA NAME/LOCATION:</b> <u>BLUFFS ON THE POTOMAC LOT 158</u>	<b>TYPE OF WELL:</b> <input checked="" type="checkbox"/> Potable <input type="checkbox"/> Public Water Supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Dewatering <input type="checkbox"/> Irrigation <input type="checkbox"/> Test/Exploratory <input type="checkbox"/> Other _____
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<b>WELL LOG</b>		<b>DRILLING METHOD</b>	<b>GROUTING RECORD</b>
Depth	State the kind of formation penetrated, their color, caves, and if water bearing with estimate flow (GPM).	<input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Rotary Hammer <input type="checkbox"/> Other  Hole Diameter <u>6</u> (in) Total depth <u>320</u> (ft) <b>CASINGS RECORD</b> MAIN CASING TYPE <u>DRIVE SHOE</u> <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing Diameter <u>6 5/8</u> (in) Wall Thickness <u>.188</u> (in) Casing Length <u>60</u> (ft) Other Casing or Liner Used Type <input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Other _____ Casing/Liner Diameter _____ (in) Length _____ (ft) from _____ (ft) to _____ (ft) <b>SCREEN RECORD</b> <input checked="" type="checkbox"/> Not Installed <input type="checkbox"/> Installed Material: <input type="checkbox"/> Bronze <input type="checkbox"/> Plastic Diameter of screen _____ (in) Slot size _____ Length _____ (ft) from _____ (ft) to _____ (ft) <b>GRAVEL PACK RECORD</b> Gravel Pack: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No From _____ (ft) to _____ (ft)	Grouting Material: <input type="checkbox"/> Cement <input checked="" type="checkbox"/> Bentonite Clay Other _____ No. of Bags: <u>3</u> Installation Method: <u>PUMPED</u>
From (ft.) To (ft.) <u>0 1</u> <u>1 21</u> <u>21 59</u> <u>59 175</u> <u>175 320</u>	<u>dirt</u> <u>Brown shale</u> <u>Blue shale</u> <u>Dark Blue Sandstone</u> <u>Blue shale</u>  <u>68' Water - 1 GPM</u> <u>110' Water - 2 GPM</u> <u>131' Water - 12 GPM</u>		<b>PUMP INSTALLED</b> By Driller <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>ESTIMATED WELL YIELD</b> Estimated at <u>15</u> G.P.M. Static Water Level <u>2</u> (ft) *Pumping level below land surface <u>318</u> (ft) after <u>1/2</u> hrs. at <u>15</u> G.P.M. (Estimated) *Note: For Public Water Supply wells please submit required yield and drawdown tests.
		<b>WELL HEAD COMPLETION</b> Casing height above grade <u>1</u> (ft) Type Of Well Cap Installed: <u>Harvard</u>	
		<b>VARIANCE ISSUED</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Request Number _____	
		<b>COMMENTS BY INSTALLER:</b> <u>Flowing Artesian</u>	

I hereby certify that this well has been constructed in accordance with state rules and in conformance with all conditions stated in the above captioned permit, and that the information presented herein is accurate and complete to the best of my knowledge.

Company Name <u>BW SMITH WELL DRILLING</u>	WV Contractor No. <u>038905</u>
Business Registration No. <u>1005-5395</u>	Master Well Driller Certification No. <u>574</u>
Master Well Driller (print) <u>Chris Wolford</u>	
Master Well Driller Signature <u>Chris Wolford</u>	

<b>SITE SUPERVISOR (SIGNATURE OF DRILLER OR JOURNEYMAN RESPONSIBLE FOR SITEWORK IF DIFFERENT FROM MASTER DRILLER.)</b>	
Journeyman Well Driller Certification No. _____	
Journeyman Well Driller (please print) _____	
Apprentice and Name (s) _____	



Lat: N: 39 24 33

Hampshire County Health Department

Tax District Name: \_\_\_\_\_

Long: W 78 47 10

**ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION REPORT**

Map # 32 Parcel # 330000

Name of Owner: Marcel Cote Installer: Walter Fields

Owner Address: 262 Declaration Dr, WV 25414

Property Location: Bluffs on the Potomac

Subdivision: Bluffs on the Potomac Lot number: Lot 158

Type of Facility: new Facility is: New ☒ Existing ☐ Lot Size (ft<sup>2</sup>/acres): 20 acres

Design Loading: Bedrooms: 3 or GPD: \_\_\_\_\_ Water Supply: Existing: ☒ Proposed ☐ Type: well

**System requires a perpetual maintenance program as per 64CSR9.7.2: Yes ☐ No ☒**

**SEWAGE TANK COMPONENTS**

SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:	SEPTIC TANK	Septic Tank 1:	Septic Tank 2:	Pump Chamber:
Capacity in Gallons:	<b>1000</b>			Distance to dwelling:	<b>70'</b>		
Constructed of:	Concrete			Distance to water	Line:		
					Source:	<b>&gt;100'</b>	
Manufacturer:	<b>Piles</b>			Distance to property line:	<b>&gt;50'</b>		
4" inspection port, or riser to surface?	port			Effluent filter?	<b>no</b>		

**ABSORPTION FIELD**

**Class I System:** Chamber: ☒ Eljen ☐ Gravelless Pipe: ☐ Gravel Media Trenches ☐ Other: \_\_\_\_\_

Manufacturer: Bio Square footage: Permitted 1200 ft<sup>2</sup> Installed 1200 ft<sup>2</sup>

Number of lines: 3 Trench width: 36 inches

Lengths of lines: 80' 80' 80' \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Inspection ports installed? Yes ☐ No ☒ Distribution box used? Yes ☒ No ☐ Outlets level? Yes ☒ No ☐

If chambers, length of each section: 4' Gravelless pipe diameter: \_\_\_\_\_

If bed configuration used, dimensions: \_\_\_\_\_ X \_\_\_\_\_ Maximum depth to bed bottom on upslope side: \_\_\_\_\_

Distance of absorption field to: Dwelling: >70', Water Supply: >100', Water Line: \_\_\_\_\_, Property Line: >50'

Average Depth: 24in Maximum depth: 26in

**Class II System:** Design type: \_\_\_\_\_

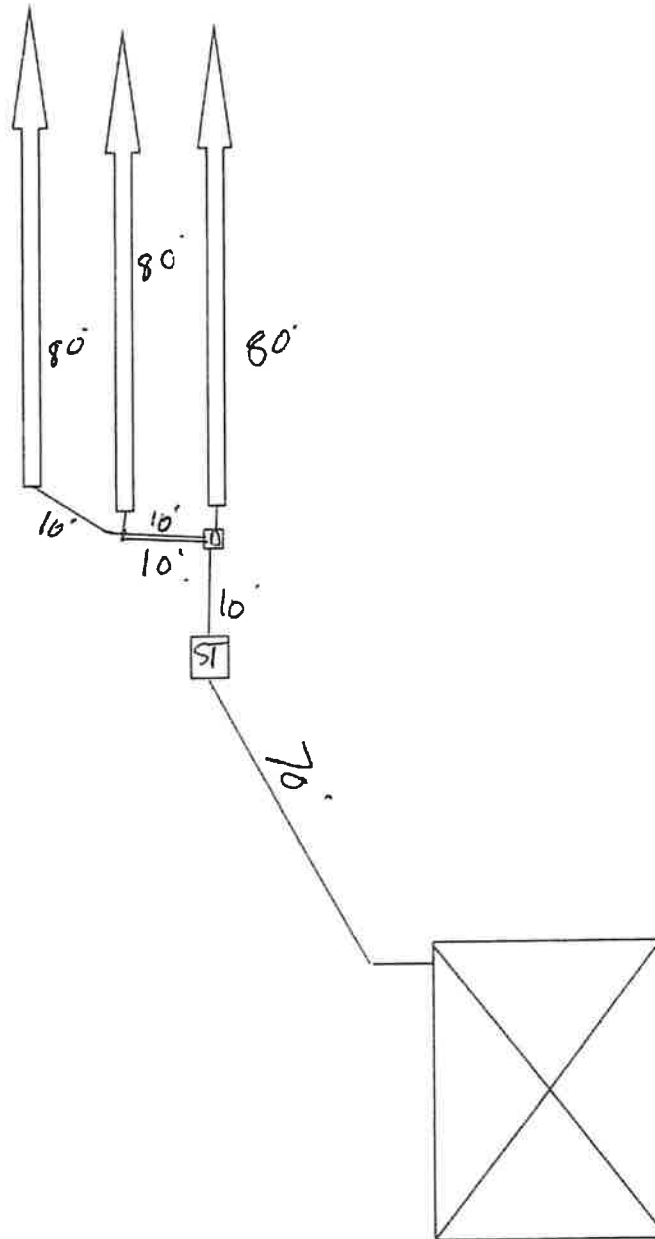
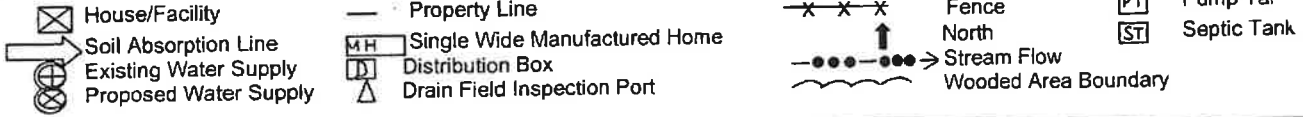
Remarks: \_\_\_\_\_

**System is installed as per the permitted design and layout. Yes ☒ No ☐**  
**Include sketch of installation on reverse.**

# Sketch of Installation with Triangulation or Distance to Specific Land

Include reserve area boundaries.

## LEGEND:



System is: ☒ Approved ☐ System is NOT Approved:

COMMENTS:

Date of Final 7/21/2021

  
Sanitarian

9/7/2021  
Date Final Issued